

## OTHER INCOME VERIFICATION

To: (Name & address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

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I receive income in the amount of \$ \_\_\_\_\_ per week month year (Circle One)  
\_\_\_\_\_ from \_\_\_\_\_.

### TO BE COMPLETED BY THE PARTY DISBURSING INCOME

1. Type of Income Received: \_\_\_\_\_  
(i.e. severance pay, worker's compensation, etc.)
2. Frequency of Income (i.e., weekly, monthly, etc.) \_\_\_\_\_
3. GROSS Amount of Income Received per Period: \$ \_\_\_\_\_
4. GROSS Annual Income Received: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_